

Q Was it your duty to hold and order inquests and hold inquests and anything of that kind?

A That is the coroner's duty, yes.

Q And did you hold one in this case? A No.

Q Why not? A Well, because I wasn't notified of the case for a considerable period of time after the thing had happened?

Q How long was it before you were notified?

A In the first and only notification I got was on the fourth day of October.

Q And did you have conversation with the prosecuting authorities about holding and inquest?

A Yes.

Q And in that inquest you had a right under the law to/ ^{summon and} examine witnesses under oath?

A Yes.

Q As soon after the crime as you think is proper?

A Yes.

Q Now, who did you have any talk with about holding the inquest and summoning witnesses?

A Well, I spoke to Prosecutor Beekman.

Q What did he say to you about holding an inquest?

MR. PFEIFFER: What is that?

MR. SIMPSON: I want to show that the inquest wasn't held.

MR. McCARTER: How are we concerned with that?

I don't know.

THE COURT: It is an explanation why the coroner did not have an inquest that he speaks of.

MR. SIMPSON: That is all.

THE COURT: I don't think it is binding upon you in any sense.

Q Why didn't you hold the inquest, was it as a result of anything that Beekman said?

A Yes.

Q And did he direct you not to hold an inquest?

A He did. He said not to interfere at the time because it might mix matters.

Q Now, did you have an autopsy performed? A No.

Q What are those notes which you hold in your hand?

A These are notes that I took as an observer at the autopsy in Brooklyn, Kings County Hospital, on the 5th day of October 1922.

Q Will you tell us what you observed there?

A At the inquest the following, the Dr. Vaughn, of the District Attorney's office of Brooklyn, N. Y. p---

MR. PFEIFFER: Mr. Simpson, may I interject here, if the Dr. is going to read from a paper I ask that we have the paper which he is reading to

go in evidence, and then he can go ahead.

Q Are these your own notes? A Yes.

Q Those are your own notes signed by you?

A Yes sir, they are my own notes.

MR. SIMPSON: I haven't any objection if it is marked in Evidence.

MR. PFEIFFER: If you please?

MR. SIMPSON: Mark it.

(Marked Exhibit S-24 of this state.)

Q Now, will you tell us from that, what you found and observed?

A Dr. Vaughn of the District Attorneys office, Brooklyn, Dr. Heller of Brooklyn, - it is written Heller here, but in my original notes I had Hala.

Q All I want you to do is tell us what you observed here and tell us what you observed of Dr. Hall's body, marks and condition and so on.

A Dr. Hagaman of Somerville, Dr. Smith of New Brunswick and Dr. Long of Somerville, County Physician of Somerset County, Dr. Cronk of New Brunswick, Mr. Ferguson of the Prosecutor's office of New Brunswick and Detective Patten of the Prosecutor's office of Somerset County, Mr. Hubbard of New Brunswick, an undertaker, a laboratory assistant whom I did not know and State Troopers Lamb and Dickman. The body was received in the autopsy room

of Kings County Hospital at 2.35 P. M. on October 5th, 1922 by the Chief Pathologist present. Casket opened by Mr. Hubbard of New Brunswick, N. J. an undertaker. Autopsy performed by Dr. Hagaman of Somerville assisted by Dr. Smith of New Brunswick. Body received from Greenwood cemetery and accompanied by Mr. Ferguson. Upon inspection the body was that of a man about five feet six inches tall, weighing about 170 pounds. There was discoloration in the skin and post mortem blebs. A wound four and one half inches above in direct line of the right external auditory meatus. Plugged by cotton. On removing plug a probe entered cranium cavity without obstruction and passed in back of the left orbital. On the lower part of the left ear a small abrasion with surrounding auricula was found crater like. One and ~~six~~ seven eighths inches on outer aspect of auricle in the middle third a post mortem incision three inches in length over clavicular region. On one side. This cut was explained by Mr. Hubbard, the undertaker, as one he made in embalming the bodies. Similiar post mortem incision in the right axilla and another over the left femoral region, over the Scarpa's Triangle. These latter two also explained by Mr. Hubbard as also made in the process of embalming. Post mortem wound of the chest to the right of the sternum and two in the epigastric

region. These all were used in the process of embalming. ~~Examp~~ External genitalia were normal. The right arm. At the back of right index finger on proximal metaphalangeal joint abrasions of chin elevated one quarter inch in diameter. The floor of this abrasion is covered with clotted blood which scraped off easily. On the back of the middle finger at the root of the nail is a similar abrasion, slightly smaller. Left Arm. At the left rib on dorsal surface over carpal region an abrasion one eighth by three eighths inches long, diameter transverse. On the back of the hand over metacarpal phalangeal joint of little finger is an abrasion one quarter by one half inch, the floor of which is covered with clotted blood. Over proximal metaphalangeal joint of the same finger is another small superficial abrasion crescent shaped. / Over Proximal metaphalangeal joint of the middle finger another small abrasion one eighth by one eighth inches with clotted blood. On index finger on the radial side of nail an abrasion and blood clot one eighth by three eighths inches. At the base of ring finger on ulnar side an abrasion one eighth inch in diameter. An abrasion on the ulnar margin of the arm one eighth inch in diameter, clotted blood at the floor. On the palm and ~~surface of wrist~~, surface of wrist,

one half inch above the palm there is an abrasion with ecchymosis with scab formation triangular in shape, five eighths inches long transversally three eighths inches long vertically. On outer aspect of left forearm four inches above wrist, triangular in shape and three quarters by one half inch and abrasion with small punctured wound, perforating the dermis, not a bullet wound. Right Leg. On the inner aspect of right calf five inches below knee joint perforating wound of the skin one half inch in diameter with skin abraded above and below one quarter inch in each direction. On incision, wound apparently ends in subcutaneous fascia. The posterior surface of the body shows epidermis rubbed off in many places and the skin discolored by post mortem changes. On a level with and one third inch below and three and one half inches posterior to the leg, external auditory meatus is found another opening about one quarter of an inch in diameter. A probe in this wound passes readily toward the right temporal region and out through the perforating wound previously described in the right temple. This posterior wound is one third of an inch below the transverse line of the external auditory canal and plane to meatus. Anterior wound seven and one quarter inch above the same plane, one half inch below

transverse lining. Post mortem incision made from the external auditory lines and completed across the top of the cranium. On removal of scalp the wound on the right temporal passes through the fronto-temporal suture. there is a slight chipping of bone about the wound. Outer table of frontal bone. Dr. Hella removes skull cap by means of Albee Saw. Extensive crack found along the frontal fissure from the bullet wound. Upon removal of skull cap the incision was extended in a posterior direction on the left side to further examine the posterior bullet wound. The bone around the right temporal wound in skull is tipped away so that the wound in inner table is one half inch in diameter. The temporal fronto and temporal parietal suture is fractured anteriorly and posteriorly to the bullet wound about two inches. This is obviously a bullet wound of entry. In the occipital region one half inch posterior to the foramen magnum and one inch to the left of ^{mid-}~~this~~ line is a triangular wound, bullet through the dura and the occipital bone. This is jagged upon its inner aspect and also upon its outer aspect. A scant half inch in diameter, admits the tip of the index finger. The fragments around this wound are found outside of the skull in the soft part. Undoubtedly a bullet wound of exit. Autopsy closed at 3.05 P. M.